

FITNESS IMPROVEMENT PROGRAM PROCESSING

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8013

PURPOSE: To process members into and through the Air National Guard Fitness Improvement Program(s). This data is For Official Use Only.

ROUTINE USES: None

DISCLOSURE: Voluntary. However, failure to furnish information will not change your status in the Air National Guard Fitness Program

SECTION I: INDIVIDUAL INFORMATION

NAME: (Last, First, Middle Initial)			RANK	SSN	UNIT
DATE OF BIRTH	COMPOSITE SCORE	ABDOMINAL CIRCUMFERENCE	ASSESSMENT DATE		DUTY PHONE

SECTION II: MARGINAL FITNESS SCORE

Acknowledge the approximate date, time (if known), and location of your next assessment. Acknowledge having received information.

DATE	TIME	LOCATION	MEMBER SIGNATURE
UNIT COMMANDER'S SIGNATURE/DATE		UNIT FITNESS PROGRAM MANAGER	HEALTH RELATED INFORMATION GIVE TO MEMBER/SIGNATURE/DATE

SECTION III: POOR FITNESS SCORE

Entry into Fitness Improvement Program (FIP) is required. Acknowledge the dates, times, and locations of your appointments below.

HPM APPT DATE	TIME	LOCATION	MEMBER SIGNATURE
UNIT COMMANDER'S SIGNATURE/DATE		UNIT FITNESS PROGRAM MANAGER	HPM SIGNATURE/DATE
INITIAL FIP DATE	NEXT ASSESSMENT	LOCATION	MEMBER SIGNATURE
UNIT COMMANDER'S SIGNATURE/DATE			UNIT FITNESS PROGRAM MANAGER SIGNATURE/DATE

COMMENTS:

SECTION IV: REQUEST FOR MEDICAL EVALUATION

Fitness results at your six months assessment indicate a failure to improve your composite score while showing compliance to the program requirements. Accordingly you are scheduled for a medical evaluation to determine any possible medical indicators that prohibit program success. You can see the MLO or you may obtain documentation from your private Health Care Provider. Documentation must be provided to the MLO.

MEDICAL EVALUATION DATE	TIME	MEMBER SIGNATURE	UNIT COMMANDER'S SIGNATURE/DATE
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SECTION V: MEDICAL EVALUATION RESULTS (MLO)

COMMENTS/RESULTS:

MEDICAL LIAISON NAME AND GRADE	SIGNATURE	DATE
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SECTION VI: FITNESS PANEL REVIEW (CC/MLO/1st SGT/UFPM/FPM)

PANEL RECOMMENDATIONS:

UNIT COMMANDER'S NAME AND GRADE	SIGNATURE	DATE
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SECTION VII: MEMBERS'S ACTION

I understand I may request additional information from my supervisor, Unit Fitness Program Manager, First Sergeant, Unit Commander, HPM, or health care providers. I have read and understand the information in the section(s) on the reverse of this form.

MEMBER'S NAME AND GRADE	SIGNATURE	DATE
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SECTION VIII: FITNESS ASSESSMENT FOLLOW-UP

DATE ASSESSED	COMPOSITE SCORE	CATEGORY	ABDOMINAL CIRCUMFERENCE	COMMANDER-DIRECTED FOLLOW-UP / REFERRAL	MEMBER'S SIGNATURE	SUPERVISOR'S INITIALS	COMMANDER'S SIGNATURE
				UFPM HPM/Health Care Provider			
				UFPM			
				UFPM			
				UFPM			
				UFPM			
				UFPM			
				UFPM			
				UFPM			

SECTION IX: RECORD OF ADMINISTRATIVE ACTION

	TYPE OF ADMINISTRATIVE ACTION	DATE	MEMBER'S INITIALS	SUPERVISOR'S INITIALS
FIRST				
SECOND				
THIRD				
FOURTH				
FIFTH				

NOTE: Commanders must make a recommendation to the installation commander to retain, discharge, or separate members based on unsatisfactory progress in the ANG Fitness Improvement Program

SECTION X: ADDITIONAL REMARKS/COMMENTS

Empty space for additional remarks/comments
